



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

RENEWAL OF ADMINISTRATOR'S CERTIFICATE

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H

W

B. PURPOSE OF APPLICATION: Check appropriate box

- ☐ 1. Please renew my **Initial Admin I** certificate. (Section II on the reverse side must be completed by college or university official.)
Note: The principal's initial certificate may only be renewed one time for five years.
☐ Elementary Principal (K-8) ☐ Middle School Principal (5-9) ☐ Secondary Principal (9-12)
- ☐ 2. Please renew my **Advanced Admin II** certificate. (Section III on the reverse side must be completed by school district official.)
☐ Elementary Principal (K-8) ☐ Middle School Principal (5-9) ☐ Secondary Principal (9-12)
- ☐ 3. Please renew my **Superintendent** certificate. (Section III on the reverse side must be completed by school district official.)
- ☐ 4. Please renew my **Special Education Administrator** certificate. (Section III on the reverse side must be completed by school district official.)

IMPORTANT:

ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUIRED.

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge? | <input type="checkbox"/> | <input type="checkbox"/> |

[*View the Social Security number disclosure.](#)

D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching, subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

SECTION II: MUST BE COMPLETED BY THE DESIGNATED UNIVERSITY OFFICIAL**A. VERIFICATION OF ENROLLMENT: To be completed by the designated recommending official from the applicant's college/university.**

I verify that this applicant is currently enrolled and has earned fifteen (15) graduate semester hours toward our two (2)-year advanced educational administration program approved by the Missouri Department of Elementary and Secondary Education.

AUTHORIZED EDUCATIONAL ADMINISTRATION SIGNATURE/TITLE	RECOMMENDING INSTITUTION	DATE
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B. STATE APPROVED EDUCATIONAL ADMINISTRATION PROGRAM APPROVAL INFORMATION.

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES
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SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE
TYPE/PRINT REGISTRAR'S NAME	ADDRESS OF INSTITUTION	
DATE	PHONE NUMBER	

SECTION III: VERIFICATION OF ADMINISTRATIVE EXPERIENCE: To be completed by the designated school district official.**NOTE**

Individuals wishing to renew their Advanced Principal, Superintendent, or Special Education Administrator certificate, but who have not met the requirements for renewal, shall complete a Professional Development Agreement approved by the Commissioner of Education. This plan will include graduate courses and/or professional development activities equivalent to six (6) semester hours of graduate credit.

The below-named individual was employed as an administrator in our school system as verified below.

APPLICANT'S NAME	POSITION HELD	EMPLOYMENT DATES		TOTAL YEARS EXPERIENCE
		BEGINNING	ENDING	

NAME OF SCHOOL SYSTEM			
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SCHOOL ADDRESS	CITY	STATE	ZIP CODE
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DESIGNATED SCHOOL DISTRICT OFFICIAL (PLEASE TYPE OR PRINT)	ADMINISTRATOR'S POSITION	SCHOOL PHONE NUMBER
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DESIGNATED SCHOOL DISTRICT OFFICIAL'S SIGNATURE	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581

PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.

ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!

<http://dese.mo.gov>